

**Texas Forensic Science Commission**  
**Travel Reimbursement Request Form**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE: \_\_\_\_\_  
ZIP: \_\_\_\_\_

**Reimbursement Policy:** Please submit this form along with all original receipts and boarding passes within thirty (30) days of the date the expense occurred. Any request received outside of the thirty (30) day deadline will be denied. E-mail this form along with scanned copies of your receipts to [Leigh@fsc.texas.gov](mailto:Leigh@fsc.texas.gov) or mail your form and receipts to: Texas Forensic Science Commission, Attn: Leigh Heidenreich, 1700 N. Congress Ave., Ste. 445, Austin, TX 78701

Purpose of Travel: \_\_\_\_\_  
Location Traveled to: \_\_\_\_\_  
Date & Time of Departure: \_\_\_\_\_ Date & Time of Return: \_\_\_\_\_

	Date	Date	Date	Date	Date	Totals
Hotel/Lodging <sup>1</sup>						
Meals <sup>2</sup>						
Parking						
Taxi, Shuttles, Tolls						
Other fees/expenses (specify)						

<b>Transportation</b>		Totals
Airfare		
Car Rental		
Mileage (personal vehicle)	Total Miles = ____ X.56 per mile	

<b>Total Expenses</b>	
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***I certify that the above expenses are reasonable and necessary travel expenses and have not been submitted to another organization for reimbursement.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
TFSC Office Approval

<sup>1</sup> Please see the following site for maximum lodging reimbursement amounts within the State of Texas ([www.gsa.gov](http://www.gsa.gov)).

<sup>2</sup> See also [www.gsa.gov](http://www.gsa.gov).